

FOR PHONE
FILING ONLY

Business Paperless Telefiling System

FOR PHONE
FILING ONLY

Worksheet
New Jersey Motor Vehicle Tire Fee
(Form TIR-100 Quarterly Return)

TO FILE BY PHONE:

- Step 1 — Fill in the Worksheet.
- Step 2 — Call the New Jersey Division of Taxation's Business Paperless Telefiling System 24 hours a day at 609-341-4800.
- Step 3 — Choose "4" from the menu for the Motor Vehicle Tire Fee Filing System.
- Step 4 — Complete the filing, enter your Confirmation Number on the Worksheet, and keep the Worksheet for your business records.

IDENTIFICATION

New Jersey Taxpayer Identification Number --/ PIN/Taxpayer Name

Contact Phone Number -- Tax Preparer's Identification Number (if applicable)

RETURN PERIOD

Quarter 1 – JAN, FEB, MAR 3 – JULY, AUG, SEPT Year
 2 – APR, MAY, JUNE 4 – OCT, NOV, DEC

RETURN INFORMATION

	Provided by Filer	Provided by Phone System
1. Total number of new tires sold during the quarter	<input type="text"/>	
2. Number of new tires sold that are exempt from the fee	<input type="text"/>	↓
3. Number of tires sold during the quarter that are subject to the fee		<input type="text"/>
4. Motor vehicle tire fee due (\$1.50 per tire subject to the fee).....\$	<input type="text"/>	<input type="text"/>
5. Penalty and interest.....\$	<input type="text"/>	↓
6. Total amount due.....\$		<input type="text"/>

PAYMENT INFORMATION

Complete this section if paying by e-check or EFT debit. If using EFT debit, enter only account type and debit date. NOTE: E-check or EFT debit payments made using an account that is funded from a financial institution outside the United States will not be accepted.

Bank Routing Number Account Number

Type of Account 1 – Checking Payment Debit Date
 2 – Savings

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "I verify and affirm that all fee information provided during this telephone call is correct. I am aware that if any of the information provided by me is knowingly false, I am subject to punishment."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.

Return Confirmation Number Payment Confirmation Number (if payment is made separately)

Date / / Date / /

Signed by: _____ Signed by: _____

Do not mail this worksheet – Keep it for your records

WORKSHEET MAY BE REPRODUCED
(Also available at: nj.gov/taxation)